

ARB # _____

Date Filed _____

APPLICATION FOR ARCHITECTURAL REVIEW

City of Williamsburg

Architectural Review Board
401 Lafayette Street
Williamsburg, Va 23185-3617
(757) 220-6130
Fax (757) 220-6109

Applicant/Property Owner Printed Name _____	Representative's printed Name _____
Signature _____	Firm _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone/Fax No. _____	Phone/Fax No. _____

____ New Building
____ Addition
____ Exterior Change

____ Dumpster Screen
____ Wall/Fence
____ Deck/Porch

____ Relocation
____ Demolition
____ Other (Specify)

The above named person/firm has permission to represent me regarding this request for architectural review. I understand that approval by the review board of any erection, reconstruction, alteration, restoration, razing, demolition or moving a building, structure, sign or exterior architectural feature shall expire 12 months from the date of approval.

Applicant Signature
(Property Owner)

Date

Location _____

Zoning District _____

Business Name _____

Tax Map No. _____

AP or CP

PLEASE NOTE THAT CONSIDERATION WILL NOT BE GIVEN
TO INCOMPLETE APPLICATIONS.

DESCRIPTION OF PROPOSAL (please attach a separate sheet if necessary):

____ Sketch, drawing and/or elevations (nine sets to scale)

____ Site plan or plat of property

____ Photographs showing property in question and area(s) of proposed change

**A LIST OF ALL MATERIALS USED AND COLORS PROPOSED
MUST
BE SUBMITTED WITH THE APPLICATION.**

(list for foundation, walls, doors, windows, trim, gutters/downspouts, roofing, lighting, sidewalk, mechanical equipment, decks, rails, chimney, walls, fences, and others as applicable; include samples of materials and color charts.)

Application was: ☐ Approved ☐ Approved with Conditions ☐ Denied

Date of ARB Action:

for Architectural Review Board